IOWA BOARD OF NURSING
REQUEST FOR SECURED ACCESS TO NURSING DATA

Fill in the following information while the document is on the screen.

Company name:

Street address

City State Zip:

Name of responsible party

Title:

Phone Fax

E-mail address (required)

Director of Human Resources,
if different from above

Explain briefly why your
facility needs to retrieve
records by SSN rather
than by license number.

Personnel by name/title who will be approved to use the secured access.

Your electronic signature shall have the same force and effect as your written signature.
By signing this application, you hereby agree that (1) login information shall be shared only with those personnel listed above, and that (2) licensee information obtained through this process shall not be shared with the general public.

Signature: Date

E-mail this document.by clicking the button below or
Print and Fax - Fax signed form to Lynn Linder at 515-281-4825

Print Form Submit Via E-mail